

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09711361</b>		FILING DATE <b>11-10-00</b>			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	✓						51				
2		✓					52				
3		✓					53				
4		✓					54				
5		✓					55				
6		✓					56				
7		✓					57				
8		✓					58				
9	✓						59				
10		✓					60				
11		✓					61				
12		✓					62				
13		✓					63				
14		✓					64				
15		✓					65				
16		✓					66				
17	✓						67				
18		✓					68				
19		✓					69				
20		✓					70				
21	✓						71				
22		✓					72				
23		✓					73				
24	✓						74				
25		✓					75				
26		✓					76				
27	✓						77				
28		✓					78				
29		✓					79				
30		✓					80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	24						TOTAL DEP.				
TOTAL CLAIMS	30						TOTAL CLAIMS				